

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022847

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 97

FILED MAY 27 1963

DO NOT WRITE
ON THIS STUB

AMENDED

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
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| ITEM NO. | SHOULD READ | | | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

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|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u> | | c. CITY OR TOWN <u>Marshall</u> | |
| Length of stay in lb <u>65 years</u> | | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>775 South Odell</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY CLAY CORDER JR.</u> | | 4. DATE OF DEATH Month Day Year <u>May 24, 1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-23-1883</u> |
| 9. AGE (last birthday) <u>79</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Collector</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>City Collector</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Alma, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry Clay Corder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jacqueline Corder</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Floy Myers Corder</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT Address <u>Mrs. Floy M. Corder, Marshall, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Massive Cerebral Hemorrhage</u> DUE TO (c) <u>Arterial Hypertension</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>9 days</u> <u>5 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Nov 1955</u> to <u>May 63</u> and last saw him alive on <u>24 May 63</u> Death occurred at <u>11:45 am.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>E. L. McCorkle, Jr.</u> (Deceased or title) | |
| 22b. ADDRESS <u>Marshall Mo</u> | | 22c. DATE SIGNED <u>25 May 63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-26, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Marshall, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Campbell-Lewis Marshall, Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>5-25-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl L. Read</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.